



Delaware Office of Animal Welfare Animal Shelter Inspection Report

Facility Name: Faithful Friends Animal Society

Street Address: 12 Germay Dr. Wilmington DE 19804

Phone: 302-427-8514 **Email:** info@faithfulfriends.us

Date of Inspection: 12/10/2020 **Time:** 3:00 a.m. p.m.
Name of Inspecting Official: Natalie Titus, DVM and Joanna Miller, LVT
Person Interviewed: Bruce Barry **Title:** Operations Director
Type of Inspection: Routine **Complaint # (if applicable):** [Click here to enter text.](#)
Inspection Results: Approved

This inspection is based on 16 DE Admin. Code 4501 promulgated under the authority of 16 Del. C. §3008 F.

AREA TO BE INSPECTED	REGULATIONS	C	NC	N/A
Shelter Care and Treatment – 16 Del. C. §3002 F				
a. Disease control and health care program by a veterinarian: Dr. Gia Croce		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Written veterinary protocols	8.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vaccinations	8.2-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Examination within 72 hours	8.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Veterinary care/medical treatment provided		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Designated treatment and isolation and/or quarantine areas		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Adoption, Recovery, and Rehabilitation – 16 Del. C. §3003F				
a. Business hours	9.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 72 hour stray holding period		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Animal recovery procedures				
1. Checking for identification on strays		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lost/found lists; post on website	9.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Five-day recovery period implemented		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Maintains and utilizes rescue registry		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health certifications on imported animals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Euthanasia in Animal Shelters – 16 Del. C. §3004F				
a. Five-day hold period		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Conditions met-no reasonable alternatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Animal care/control manager authorization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health/behavior-veterinarian determination		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Euthanasia technician certification on file	6.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Method and procedures				
1. Euthanasia area and equipment	10.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Current policy and procedure manual		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Persons administering euthanasia	10.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper authorization	11.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Method and procedure	11.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Verification of death	13.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Keeping and Reporting – 16 Del.C. §3007F				
a. Animal Statistics	14.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quarterly report on website	14.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Annual Report	14.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Animal records complete	14.3-14.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

The shelter was compliant with all the provisions of the Act and its regulations as of the date and time of the inspection.

CORRECTIVE ACTIONS:

NUMBER OF ANIMALS AT THE FACILITY *(List species and numbers.)*

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	19						
Cats	223						